

## **‘You’re not sure that you are gay yet’: The perpetuation of the ‘phase’ in the lives of young disabled LGBT + people.**

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### **Abstract**

Contemporary discourse on sexuality presents a picture of fluidity and malleability, with research continuing to frame sexuality as negotiable, within certain parameters and social structures. Such investigation is fraught with difficulties, due in part to the fact that as one explores how identity shifts, language terms such as ‘phase’ emerge conjuring images of a definitive path towards an end-goal, as young people battle through a period of confusion and emerge at their true or authentic identity. Seeing sexuality and gender identity as a phase can delegitimise and prevent access to support, which is not offered due to the misconception that it is not relevant and that one can grow out of being LGBT+. This article explores the lives of disabled LGBT + young people from their perspective, using their experiences and stories to explore their identities and examine how this links to the misconception of their sexuality and gender as a phase. Taking inspiration from the work of scholars exploring sexual and gender identity, and sexual storytelling; the article is framed by intersectionality which allows for a detailed analysis of how identities interact and inform, when used as an analytic tool. The article calls for a more nuanced understanding of sexuality and gender in the lives of disabled LGBT + young people, which will help to reduce inequality and exclusion.

### **Introduction**

Research on disabled sexual lives does not have a long history. Campaigners and activists on disability have tended historically, to focus upon issues of equality and rights rather than intimacy, with sexuality in the lives of disabled people being framed in reference to denial and oppression (see Liddiard, 2018 for an overview of this history). Seminal texts such as the

work of Shakespeare et al. (1996) and contemporary Critical (see Goodley et al., 2017; Liddiard, 2014; Slater, 2015) and Crip (McRuer, 2006; Sandahl, 2003) theorists have done much to begin redressing this balance. There is also an emerging body of work with non-heterosexual lives that focuses upon the experiences of the participants (Abbott and Howarth, 2007; Blyth, 2010; Corker, 2001, to name but a few examples). Yet, the focus upon young people's experiences is less evident with little engagement with young people (not-able exceptions include Henry et al., 2010, Kimbal et al., 2018 and Sineka, 2008). This is surprising because as Corker (2001) suggests, adolescence is a key period in terms of identity formation. Research continues to view the period as transitional with heightened levels of instability, and with the suggestion that for adolescents who are seen as intellectually disabled this is accentuated as family members (mothers in this example) extend periods of childhood (Littig et al., 2012).

The study of sexuality, conversely has continued to grow and expand into new areas of investigation. Most notably, with regards to this article, in relation to sexual fluidity. Yet such work is largely disablist and disabled voices are generally absent from such debates. This is also the case when exploring previous intersectional work. Although intersectionality can work with a range of identifiers or structures including disability, this challenge remains generally unpursued, even though there is a clear call for such engagement (Goodley, 2013). As will be discussed in the methods section, there may be potentially valid reasons for this, yet we feel that such an approach can help understand the complex experiences of young people who are disabled and LGBT+.1 Intersectionality is used as an analytic tool, in line with Collins and Bilge (2016) to understand the complex power imbalances and social inequalities that the participants faced in terms of their age, sexuality and disability. We propose that such an approach uncovers the perpetuation of the idea that sexuality is a phase in their lives and that this is a direct result of the intersection of these identities. We foreground the stories and experiences of our participants and show that the labelling of sexuality and gender identity as a phase in their lives is harmful and inaccurate, and is a result of misconceptions and the interplay between age, sexuality, gender identity and disability.

The article begins with a brief narrative exploration of the literature that has sought to examine the concept of non-heterosexual sexualities and gender identities as a phase. We focus initially upon work and theorisation about sexuality and gender identity and the concept of the phase, paying particular attention to coming-out stories through the work of Plummer

(1995). We then examine how this has been accentuated in the lives of disabled people, suggesting that a truly more fluid approach to sexuality and gender identity would be beneficial in the lives of young disabled people as it ensures that sexuality and gender are taken seriously, and that appropriate support and education is available in a two-way process. There will then follow an explanation of the methods, both in terms of the research conducted but also the analytic process and key debates regarding intersection.

The main body of the article presents an analysis of key intersections and their relation to sites of imbalances of power and inequality. Guided by the stories of the participants the section presents three observations, all guided by the intersection of age, sexuality, gender identity and disability. The first observation is that the participants were perceived as being too immature to be LGBT+. Second, they were incapable of being LGBT + because they did not have access to knowledge or understanding to enable them to be so. Third, that their sexual and gender identity was delegitimised due to the projection that their disability informed their sexual-ity. This is discussed collectively in relation to the idea of the phase, which links these intersections, and highlights why this is so potentially damaging to young disabled LGBT + people. The article concludes with a call to think of sexuality, gender identity in terms of life journeys rather than a phase.

### **The ‘phase’**

Within popular discourse the perpetuation of the idea that being LGBT + is a phase continues. Parents write to virtual agony aunts ‘hoping’ that their o spring is going through a phase rather than actually being gay. And yet, the advice from such professionals is overwhelmingly that such a phase is very unlikely (see Greenberg, 2014). As Miriam Corker became convinced in her later writing, the parallel between disabled and lesbian/gay youth is a reflection of ‘the heterosexist construction of homosexuality and lesbianism as inferior’ (Corker, 2001: 92).

The endurance of this idea does not appear to be based upon the experiences of young people either, as they strongly reject such a suggestion. This should be of no surprise, as labelling sexuality and gender identity as a phase questions personal identity, something that only the possessor should rightfully and morally be able to do. For example, the 2017 survey for lesbian, gay, bisexual and transgender young people conducted by LGBT Youth Scotland

clearly showed that young people take time to tell people about their sexuality and/or gender identity, it is something that is considered and debated. The survey showed it is usually around three and a half years from realisation of LGBT + identity to 'coming out'. This is also reflected in social and psychological research, notably the work on sexual (gender is either absent or conflated here) fluidity best exemplified in the work of Lisa Diamond (2003, 2006; Diamond et al., 2017). Diamond's often large-scale work may be problematic in terms of its categorisation of sexual identity and the conflation of sexual fluidity with the ability to move between same- and opposite-sex attraction, but nevertheless the work represents a real attempt to begin to uncover the fluidity of sexuality (in the lives of lesbian women in this instance). Diamond argues that as a result of fluidity, coming out is not permanent and that moving between sexual identities is common-place. Importantly, coming out early and having what is labelled as a 'stable' sexual identity does not impact upon moving between sexual identities. Diamond, as a result, rejects the idea that sexuality should ever be described in terms of a phase.

The language of Symbolic Interactionism presents identity as a becoming: we engage in an identity career (Strauss, 1969) and through interaction we develop our social selves. Yet the focus here is that we work to become a something and that the unmarked identity (Brekhus, 1998) through which we pass is of little import. However, this unmarked area can, as Brekhus notes, be an extended period of time. In sexual lives it is the impermanence of this period coupled with misconceptions about age (immaturity) disability (non-sexual) and sexuality (heterosexual as the end goal) that perpetuate the idea of the phase. The idea of viewing sexuality and gender as a phase, we argue, is reinforced by the stories that we tell, stories that capture people's experiences yet are reductive and leave little space for disabled lives. Of course, such stories are built on commonality and a desire to create community, working against social inequalities, but not everyone can access such communal spaces. It is important to consider here the coming-out stories as framed by Plummer (1995), and the power that such stories hold. In his seminal work *Telling Sexual Stories* Plummer explores the power of emerging narratives and suggests that the dominant narrative of coming out has been framed in terms of the journey, 'starting out from an uncharted shore with a host of problems and gradually arriving home' (Plummer, 1995: 84). The journey starts in childhood, which is seen as being generally unhappy or at least at odds with something as a result of not fitting in or feeling different. In adolescence there is a discovery and this is represented through personal struggles and battles. This struggle is then resolved, Plummer suggests,

through engagement in LGBT + communities. Resolution and ownership of an identity is achieved, leading to a sense of community. Of course, as Plummer acknowledges, this is simplistic, and yet there is so much here to unpack. Most important is the conclusion that for such stories to flourish and be adopted there have to be people receptive to them in order to ‘weave together their history, their identity, their politics’ (Plummer, 1995: 87).

The coming-out story is not static and can change, and yet its reliance on community to add strength to enable the stories to be heard, is problematic if one considers the lives of disabled LGBT + people for example. This is particularly relevant to those who are young as this is seen to be the point at which one can decide how they want to resolve their sexuality. Disabled young people may not have such an option, for a number of reasons. First, as Corker (2001) suggests, they may not be able to access the tools in order to be able to express sexuality in a manner that is often expected (e.g. vocalising/communicating), and in this regard the playing field for coming out is uneven and restrictive. There are also practical issues such as accessing LGBT + spaces, which are not seen as being accepting towards disabled people (Blyth, 2010). If one cannot engage with such communities how can identity be ‘resolved’ or negotiated?

As with much research exploring sexuality and disability, the voices of disabled people themselves are still under-represented (Shakespeare et al., 1996). Our research centralises the experiences of young people to understand why their sexual and gender identities are continually dismissed as a phase.

## **Methods**

This article includes data collected via one-to-one interviews (13 participants) and focus groups (two groups; 10 and 12 participants respectively). The young people we talked to were aged between 17 and 25 and identified as LGBT+. The sample included participants with intellectual disabilities, autistic spectrum conditions and mental health needs. All data were analysed thematically, using a flexible approach of looking for commonalities across the interviews and focus group (see Braun and Clarke, 2006). This method particularly complemented the aim of amplifying the voices of the participants as the article is guided by their thoughts and experiences.

The sampling was purposive and we worked with gatekeepers with whom we had an existing relationship. As part of their professional roles they work with young people who identify as LGBT + and disabled in an education or support-group capacity. As the young people were known to each other, focus groups worked well, and individual interviews enabled the research team to explore experiences in detail. We developed a series of tools including vignettes, role-play exercises and card games to engage with the participants, but such an approach is not accessible to those who have complex communication needs. We continue to develop these methods and try to improve the inclusivity of the research.

Much has been written about intersectionality, and its complex and imprecise nature. Yet it has become popular, even crossing into popular discourse and national media where again it is viewed as confused and indeterminable (see Robertson, 2017). At its core, intersectionality is about understanding that inequalities are experienced simultaneously and that by exploring the intersections of these sites we can unpick what imbalances are at play: an exciting prospect for those who wish to understand the impact of multiple factors or identities. It is also the flexibility of intersectionality that is difficult to grasp, particularly when considering how it can be applied and what identities it can be used to examine. Intersectionality originates from the work of Black feminist scholars, specifically Crenshaw (1991) and we are mindful of the use of intersectionality when not specifically focusing upon race. However, in line with Davis (2008) we suggest that it is the openness and flexibility of intersectionality that makes such an approach so useful. In this article we take inspiration from the work of Collins and Bilge (2016), to ensure that exploring the impact of multiple factors reveals power imbalances and inequalities, rather than only seeing intersectionality in terms of how multiple identities contribute to a person's self. Therefore, intersectionality is used as a tool to understand how young disabled LGBT + lives are situated in terms of conceptions, inequalities and power imbalances based upon age, sexuality, gender identity and disability. In this regard we propose that it is useful to use intersectionality alongside Plummer's storied approach. This allows us to present stories and then use intersectionality to explore the inequalities and power imbalances faced.

### **The perpetuation of the 'phase'**

The stories of the participants suggest that there are three key results of the intersections in age, disability and sexual or gender identities, in relation to the perpetuation of the concept of

sexuality and gender identity as a phase. These three misconceptions are harmful and do much to reinforce false barriers in their lives, and limit their access to intimate citizenship: *Immaturity*; the framing of the participants as too young to understand LGBT+, which is seemingly perceived as more complex than heterosexuality. This is compounded by being disabled as they are seen as being younger or infant-like. *Incapability*; the assertion that the participants are incapable of being LGBT+, underlined by conceptions of the dis-abled body as being incapable of being LGBT+, which is furthered in relation to age and conceptions of intellectual ability. *Delegitimisation*; the intersection of disability and LGBT + in particular reveals a conception that disability renders sexuality as not legitimate due to de-sexualisation, and the suggestion of a causal link between disability and an LGBT + identity. Here the sexualities of the young people were viewed as being a result of their disability. It is also important to note that the misconceptions were often framed in relation to impairment rather than disability, which says a lot about wider societal understanding of disabled people's lives and identities. Our over-arching goal is to show how such intersections perpetuate the idea of the phase and that this is both inaccurate and harmful.

This section will now present these three assertions in turn, beginning each with an illustrative quotation followed by a narrative demonstrating the stories of the participants, making the intersections clear. This will then be explored in direct relation to the stories and the experiences that the participants shared, highlighting the work that the participants have to do in order to challenge such barriers. This will be combined with reference to literature, drawing parallels and contributing to debates. We call this approach intersectional storytelling and feel it is useful in exploring intimate lives and identities.

## **Immaturity**

*My sister, she was a lesbian for a point, and now she is bisexual, but she was like tell me when you are 18 so that you know for sure, so it gives you time. I will still be supportive, she said, but just give it some time but it might help with what you want in life and that. (Jonathan)*

The stories and experiences relayed by the participants highlight that young disabled LGBT + people are restricted in asserting their identities because of the conception that they are

‘becomings’ or somehow in a state of limbo in which their identities have not been formed. As Wyness (2012) has noted, dominant frameworks within the sociology of childhood present children as incomplete beings. This highlights several layers of inequality as a result of intersections of age, disability, gender identity and sexuality. There is a perception that young people are too immature to know about sexuality and gender identity (particularly LGBT+) and this is compounded further by being disabled. We highlight Abigail’s story.

Abigail was 18 years old and identified as pansexual (which she defined as being attracted to a person of any gender or sex), although for the benefit of others who did not understand pansexuality, she often used bisexual. She spoke about her difficult experiences with accessing medical assistance as part of her transition and was open about her experiences of discrimination and abuse. Abigail noted that she was aware of her gender identity from an early age and had decided to come out in 2015 (3 years before the interview). This represents a long period of negotiation before she spoke about her gender identity. But, as a result of her mental health, she felt that she came out ‘to save her life’, indicating that her depression had reached a point that she could no longer continue living as the wrong gender. She was open about her transition and described how talking about it was ‘something she is used to doing on a daily basis’. Yet, her family had largely disowned her and were unsupportive of her transition, seeing it as a phase which is a result of the combination of her age: ‘mum always used to tell me it was a phase and I would grow out of it’; and something that she couldn’t understand because her learning disability made her more immature:

*...because of my learning difficulties people think that I am disabled and don’t understand it, and it is just a phase. I get told that a lot. Because I don’t understand because of my learning difficulties. You know, I struggle with things but I am not completely stupid. (Abigail)*

Abigail suffered discrimination and abuse (both mental and physical) on a daily basis, but said that the police did not believe her because of her disability. Her levels of depression and anxiety had continued to increase because her identity was dismissed as a phase, resulting in her being sectioned on numerous occasions and her family insisting that she was tested for schizophrenia.



This is not an isolated story. The stories from all the participants affirm the narrative that they are initially dismissed as being too young to understand LGBT + and this is then compounded by perceptions that disability accentuates this immaturity:

*I was worried . . . especially if I announced it [being pansexual] when I was younger. It's that being told it is a phase kind of thing. That seems to be another stereotype with sexuality. It is like people experimenting, going through phases. (Jake)*

Surrounding this is a continued assertion that LGBT + is inferior or that it needs to be protected against. This heterosexist rhetoric is entirely paradoxical and the life stories of the participants make this clear in relation to their experiences of support and information, which highlight a lack of any affirmation of their LGBT + identities. Denying the possibility of being young, disabled and LGBT + leads to a lack of appropriate information being shared with the young people, which is important to them as they negotiate their emerging sexual lives.

These intersectional stories give rise to two key points: Firstly, that disability is continually linked to immaturity. This is reinforced in medical and behavioural psychology research, particularly in terms of autism with a focus on showing difficulties in social interaction (Gross, 2008). Yet research which attempts to show children with autism as socially immature and as displaying problem behaviours often concludes that such a link is not evident (Ganaie et al., 2015). Research continually fails to show that people with autism are unable to function sexually and form relationships (Byers et al., 2013). Second, that to be LGBT + you need to be more mature than if you are heterosexual. As it has already been inferred that disability equates to immaturity this is heightened in the lives of the participants here. The participants acknowledged that they felt they were being protected against LGBT + issues, particularly in relation to support and education which was labelled as non-inclusive and heteronormative by the participants of our first focus group in particular. It is clear that this is systemic, yet the continued focus on heteronormativity reinforced the idea that their identities were, as Jake noted 'abnormal or weird'.

## **Incapability**

*When I was getting diagnosed for my autism I realised I was trans and came out to my medic at the time. She kept saying that I was confused and kept dismissing it and 'dead naming' me and calling me a girl. (Nick)*

As previously noted, age and disability was used to conceptualise the participants as immature and not ready to be LGBT + or even sexual. The stories suggest a perception that they were in fact incapable of being LGBT + because of their disability. The participants were denied access to intimacy and LGBT + spaces because of this perceived incapability.

Bridget was 18 years old and identified as a lesbian, and as having Asperger's. She noted that her sexuality was clear to her very early in her life; refuting the idea that she was currently going through a phase:

*I'm also very blatantly a lesbian, pretty much from the age of 7 I knew that. Not that I understood it at that age, I just figured that I liked other girls. (Bridget)*

Bridget was educated in a small school with class sizes of around six. She the only girl in her class when aged 13–14, and felt this period allowed her to confirm her sexuality. She came out when she was 16. Bridget felt that since sharing her sexuality with others, perceptions about her age and disability had hampered her ability to assert her sexual identity. She felt strongly that 'society tends to limit their expectation of disabled people', and as a result she worried that she would be seen as non-sexual. For Bridget, society was set up in such a way as to limit the amount of independence disabled people have due to the fact that they are not seen as sexual beings. Bridget discussed her Asperger's and her age explicitly, arguing that moving into adulthood had changed people's perceptions of her LGBT + identity, but she was still being limited due to perceptions of her disability:

*...you're still young, they think you can change, they think you could just turn and do whatever. 'Oh, you're not sure that you're gay yet...well, pretty much I'm an adult now, people have just accepted it. I've grown up, I passed that stage. (Bridget)*

And yet as Bridget stated later in the interview it's not 'generally advertised that you can be a lesbian' if you are disabled. The stories of the participants suggest that young disabled people

are seen as being incapable of being LGBT + because they are unwell, or as Nick suggested ‘confused’. Jake referred to this in reference to a conversation with a friend:

*They were asking me all these questions, but they were like are you sure it is not because you are unwell as well? (Jake)*

Here the friend made a link between Jake’s disability and being capable enough to understand his own sexuality. Not only did the friend conflate illness with disability, they perpetuated the restrictions that are applied to disabled people.

Such stories raise two important points: first, that young disabled LGBT + people are infantilised and desexualised (see Liddiard, 2018 for an overview) and lacking the capacity to make informed choices about sexual activity. However, as Hollomotz and Speakup Committee (2009) suggest, this apparent lack of capacity is reinforced by not providing suitable information about sexuality. Provision of such information would likely result in disabled people being seen as capable. Second, that this incapability is heightened for LGBT+ identity. The participants suggested that they were shielded from discussions around LGBT+ issues; reinforcing the work of Abbott and Howarth’s (2007) who highlighted the difficulties professionals (in this instance) have in discussing sexuality.

## **Delegitimisation**

*When you throw in all the mental health illnesses or mental health issues sorry, not mental illness, and autism and stuff like that. Autism links with a lot of mental illnesses . . . I think people then make it about the illness and they are like it is because you are ill or you have autism. That is why you are being this way. (Jake)*

Here Jake is expanding on his point of not being seen as having the capacity to be LGBT+. Participants suggested that being LGBT + was seen as a symptom of being disabled. However, they also often refused to see this as a negative, arguing that their disability in fact reinforced or positively contributed to their LGBT + identity.

Emma, a 20-year-old, described herself as non-binary (she used female pro-nouns, and we have pseudonymised in line with this). She was proud to identify in relation to her autism,

being asexual and disabled, and used the term queer at times throughout the interview. Her story emphasised frustration around her presumed gender identity. Emma talked about how she knew about being non-binary in college but ‘shoved myself back into the closet’ as she began to get negative messages from her peers. She recounted an instance of online bullying where people questioned her non-binary identity, suggesting ‘that you’re not really trying [to be a girl] or you’re trying to be special’. As a result, she worked to convince herself that she was not in fact non-binary. However, after struggling with her mental health she came out in 2017, after considerable internal negotiation and challenge. Emma suggested that her autism was often seen as a key factor as to why people did not accept her LGBT + identity.

Kabir also argued that his sexuality was seen as a result of his disability, and that his sister often blamed his being gay on his Asperger’s.

*But my sister, what she will do is, she will use my disability as a reason for the way I am. Certain things I do, she will kind of cover it with my autism. (Kabir)*

Kabir affirmed this perspective, noting his sister’s viewpoint that autism can manifest in challenges in social interaction, which could link with his sexuality.

*I think, because some people do make the link and have done a lot of studies. But with Asperger’s, because it is a social difficulty it can affect me in that field. (Kabir)*

For some participants the link between their LGBT + identity and their disability was affirming. Emma felt that the reason she was ‘non-binary and asexual and all these other things is because I am autistic’. However, she was clear that autism did not delegitimise her LGBT + identity, it reinforced and reaffirmed it:

*Yeah because being autistic, obviously you don’t see things like other people do and you don’t latch onto societal norms as easily, well a lot of gender is obviously, I mean it doesn’t mean that it’s not real, but for me obviously I never really latched onto what it was, I never really knew what it was, I never really understood it, I’ve never felt [like] a girl or boy because I just don’t have any concept of those things. (Emma)*

The rationale offered is interesting, linking a social constructionist perspective of sex and gender. Yet it is clear that this was how Emma understood her identity and that such a conceptualisation should not delegitimise sexuality or mean that her sexuality is a passing phase.

There are two observations that these stories illuminate. First, that the view of sexuality and gender identity in the lives of young disabled LGBT + people as being a result of their disability appears to be a continuation of the medicalisation of LGBT + identities. There are clear parallels here with the medicalisation and pathologisation of homosexuality (Weeks, 2012). The second is Corker's (2001) observation on the alignment of disabled identities and homosexual and lesbian identities, and the framing of them as inferior. If both are presented as flawed and as informing each other then it is easy to understand why collectively they are not given credence.

## **Conclusion**

Plummer's (1995) work shows how the stories we tell are powerful and how they become part of social life. This article is best seen as a call for the telling of a plurality of stories from young disabled LGBT + people to redress the exclusion of disabled stories from such narratives. As Plummer argued, stories have become fragmented and grand narratives have weakened, but the perpetuation of the 'phase story' continues to exist with little evidence or support from the stories of young disabled LGBT + people themselves. This article has attempted to use a storied approach alongside intersectionality to show how this idea of the phase is perpetuated. The stories presented and the analysis offered show that the phase story is a representation of inequalities and power imbalances as a result of the intersection of age, sexuality, gender identity and disability.

The perpetuation of the 'phase story' is particularly harmful for young disabled LGBT + people as it reaffirms misconceptions about their lives, presenting them as too young (immature), too disabled (incapable) and inauthentic (not legitimate). The denial of identity isolates and excludes, and removes access to support and information. The stories of the participants challenge these misconceptions and call for a more nuanced understanding of journeys without reliance on the idea of a phase.

## Note

1. As with our previous work we use LGBT + here to denote the young people we spoke to who identified as non-heterosexual. This encompasses a full range of sexualities and gender identities. We do not use this to diminish identities which reside within the ‘+’ but for consistency and the fact that this was the preferred term used by the young people and the support groups/networks we engaged with.

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